

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/674978** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	61					
8	16					
9	10					
10	14					
11	71					
12	14					
13	6					
14	6					
15	6					
16	6					
17	6					
18	6					
19	6					
20	6					
21	6					
22	4					
23	40					
24	6					
25						
26						
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	77	↔	↔	↔		
TOTAL CLAIMS	83					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.			↓			
TOTAL DEP.			↓			
TOTAL CLAIMS			↓			

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